


Entered - 08/07/01 - sb  
CL01L0501 - DIANNE C. MITCHELL

01-*L* -1369

CLAIM OF: **KAREN KELLY,**  
through her insurance carrier,  
**State Farm Insurance Companies**  
**P. O. Box 9609**  
**Winter Haven, Florida 33883-9609**

For damages alleged to have been sustained as a result of a vehicular  
accident on September 19, 2000 at 119 Baker Street.

THIS ADVERSED REPORT IS APPROVED

BY:   
**ROSALIND RUBENS NEWELL**  
**DEPUTY CITY ATTORNEY**

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0501

Date: August 8, 2001

Claimant /Victim KAREN KELLY

BY:(Ins. Co.) State Farm Insurance Companies

Address: P. O. Box 9609, Winter Haven, Florida 33883-9609

Subrogation: X Claim for Property damage \$ Not Stated Bodily Injury \$           

Date of Notice: 08/06/01 Method: Written, proper X Improper           

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.)           

Date of Occurrence 09/19/00 Place: 119 Baker Street

Department Police Division:           

Employee involved H. Henry Disciplinary Action:           

**NATURE OF CLAIM:** The driver of the City vehicle collided with the claimant's parked vehicle. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

### INVESTIGATION:

Statements: City employee            Claimant            Others            Written            Oral           

Pictures            Diagrams            Reports: Police X Dept Report            Other           

Traffic citations issued: City Driver            Claimant Driver           

Citation disposition: City Driver            Claimant Driver           

### BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial           

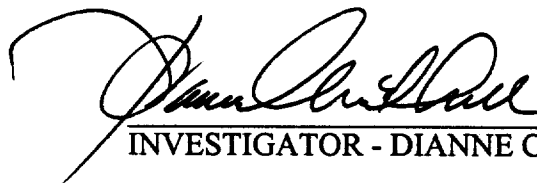
Improper Notice            More than Six Months X Other            Damages reasonable           

City not involved            Offer rejected            Compromise settlement           

Repair/replacement by Ins. Co.            Repair/replacement by City Forces           

Claimant Negligent            City Negligent            Joint            Claim Abandoned           

Respectfully submitted,



INVESTIGATOR - DIANNE C. MITCHELL

### RECOMMENDATION:

Pay \$            Adverse X Account charged: 1A01            2J01            2H01           

Claims Manager:  Concur/date 08-10-01

Committee Action:            Council Action

# State Farm Insurance Companies



**RECEIVED AUG - 6 2001**

August 3, 2001

City Of Atlanta  
68 Mitchell St SW Ste 4100  
Atlanta, GA 30335

ENTERED - 8-7-01 - SB  
01L0501 - DIANNE MITCHELL

State Farm Insurance  
P.O. BOX 9609  
Winter Haven, FL 33883-9609  
(941) 318-4057 Local  
1-800-627-4028 Toll Free  
1-800-627-4023 Fax

*M Mitchell*  
*08/07/01*

RE: Claim Number: 59-V701-739  
Date of Loss: September 19, 2000  
Our Insured: Karen Kelly

Dear Ms. Ponpei:

State Farm is the insurance carrier for the above-mentioned insured who was involved in an accident with you on the above date at 119 Baker St.. Our investigation reveals that the damages sustained by our insured were caused by your negligence.

If we make any payment to our insured under his/her Collision coverage, we will seek to recover the amount of that payment from you.

If you were protected by liability coverage on the date of the accident, your insurance company would be obligated to pay on your behalf. If you were covered, indicate the name of your insurance company and policy number on a copy of this letter and return in the self-addressed envelope provided. If you were not covered, please contact the undersigned to discuss this matter.

Sincerely,

*Shannon Hill/B*  
Shannon Hill - Ext 6909  
Claim Processor  
(800) 627-4028

State Farm Mutual Automobile Insurance Company

Enclosure

**01-R -1369**